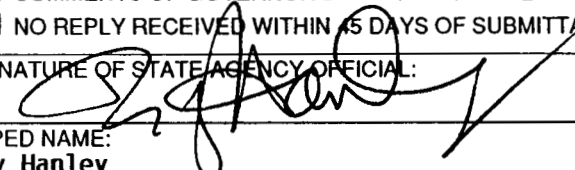
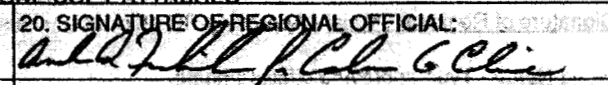


## OFFICIAL FILE COPY

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: <u>0 1 — 0 2 5</u>	2. STATE: <b>Arkansas</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>December 1, 2001</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 440.60</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> \$ <u>-0-</u> b. FFY <u>2003</u> \$ <u>-0-</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-A, Page 3b Attachment 3.1-A, page 9d Attachment 3.1-B, Page 3d Attachment 3.1-B, Page 8a</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Same, Approved 7-28-93, TN 92-32 Same, Approved 7-28-93, TN 92-32 Same, Approved 7-28-93, TN 92-32 Same, Approved 7-12-94, TN 94-12</b>	
10. SUBJECT OF AMENDMENT: <b>The Arkansas Title XIX State Plan has been amended to add coverage of gerontological nurse practitioner services.</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  Division of Medical Services P. O. Box 1437 Little Rock, AR 72203-1437  Attention: Binnie Alberius Slot 1103	
13. TYPED NAME: <b>Ray Hanley</b>			
14. TITLE: <b>Director, Division of Medical Services</b>			
15. DATE SUBMITTED: <b>September 11, 2001</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>September 18, 2001</b>		18. DATE APPROVED: <b>October 30, 2001</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>December 1, 2001</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Calvin G. Cline</b>		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS:			



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services**

**Calvin G. Cline**  
**Associate Regional Administrator, Medicaid and State Operations**

1301 Young Street, Room 827  
Dallas, Texas 75202  
Phone (214) 767-6301  
Fax (214) 767-0270

October 30, 2001

Our Reference: SPA-AR-01-25


Mr. Ray Hanley, Director  
Division of Medical Services – Slot 1103  
Arkansas Department of Human Services  
Post Office Box 1437  
Little Rock, Arkansas 72203-1437

Dear Mr. Hanley:

We have enclosed a copy of HCFA-179, Transmittal Number 01-25, dated September 11, 2001. This amendment adds coverage of gerontological nurse practitioner services.

We have approved the amendment for incorporation into the official Arkansas State Plan effective December 1, 2001. If you have any questions, please call Bill Brooks at (214) 767-4461.

Sincerely,

  
Calvin G. Cline  
Associate Regional Administrator  
Division of Medicaid and State Operations

Enclosure

cc: Elliott Weisman, CMSO

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 3b

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised:

December 1, 2001

CATEGORICALLY NEEDY

6. Medical Care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)

6.d. Other Practitioners' Services (Continued)

(5) Psychologists

Refer to Attachment 3.1-A, Item 4.b.(13).

(6) Obstetric - Gynecologic and Gerontological Nurse Practitioner

Refer to Attachment 3.1-A, Item 24 for coverage limitations.

SUPERSEDES: TN- 92-32

STATE <u>Arkansas</u>	A
DATE REC'D <u>09-18-01</u>	
DATE APPV'D <u>10-30-01</u>	
DATE EFF <u>12-01-01</u>	
HCFA 179 <u>AR-01-25</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 9d

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised:

December 1, 2001

CATEGORICALLY NEEDY

24. Pediatric or family nurse practitioners' services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA '89).

Services are limited to 12 nurse practitioner visits per State Fiscal Year, July 1 through June 30. This yearly limit does not apply to recipients in the Child Health Services (EPSDT) program.

Refer to Attachment 3.1-A, Item 6.d.(6) for obstetric-gynecologic and **gerontological** nurse practitioner services.

SUPERSEDES: TN- 92-32

STATE <u>Arkansas</u>	A
DATE REC'D <u>09-18-01</u>	
DATE APPV'D <u>10-30-01</u>	
DATE EFF <u>12-01-01</u>	
HCFA 179 <u>AC-01-25</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-B  
Page 3d

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: December 1, 2001

MEDICALLY NEEDY

- 
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- 6.d. Other Practitioners' Services (Continued)
- (5) Psychologists  
Refer to Attachment 3.1-A, Item 4.b.(13).
- (6) Obstetric - Gynecologic and Gerontological Nurse Practitioner  
Refer to Attachment 3.1-B, Item 21 for coverage limitations.

SUPERSEDES: TN- 92-32

STATE <u>Arkansas</u>	A
DATE REC'D <u>09-18-01</u>	
DATE APP'D <u>10-30-01</u>	
DATE EFF <u>12-01-01</u>	
HCFA 179 <u>AR-01-25</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-B  
Page 8a

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: December 1, 2001

MEDICALLY NEEDY

21. Pediatric or family nurse practitioners' services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA '89).

Services are limited to 12 nurse practitioner visits per State Fiscal Year, July 1 through June 30. This yearly limit does not apply to recipients in the Child Health Services (EPSDT) program.

Refer to Attachment 3.1-B, Item 6.d.(6) for obstetric-gynecologic and **gerontological** nurse practitioner services.

SUPERSEDES: TN- 9412

STATE <u>Arkansas</u>	A
DATE REC'D <u>09-18-01</u>	
DATE APP'VD <u>10-30-01</u>	
DATE EFF <u>12-01-01</u>	
HCFA 179 <u>AR-01-25</u>	